

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51		5					
2							52		5					
3	1						53		5					
4	1						54		5					
5		5					55		5					
6		5					56		5					
7		5					57		5					
8		5					58							
9		5					59							
10		5					60							
11		5					61							
12		5					62							
13		5					63							
14		5					64							
15		5					65							
16		5					66							
17		5					67							
18		5					68							
19		5					69							
20		5					70							
21		5					71							
22		5					72							
23		5					73							
24	1						74							
25							75							
26		5					76							
27		5					77							
28		5					78							
29		5					79							
30		5					80							
31	1						81							
32		1					82							
33	1						83							
34	1						84							
35		1					85							
36		1					86							
37		5					87							
38		5					88							
39		5					89							
40		5					90							
41		5					91							
42		5					92							
43		5					93							
44		5					94							
45		5					95							
46		5					96							
47		5					97							
48	1						98							
49		5					99							
50		5					100							
TOTAL IND.							TOTAL IND.	8						
TOTAL DEP.							TOTAL DEP.	195						
TOTAL CLAIMS							TOTAL CLAIMS	203						

910  
57  
58  
14